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CLINICAL LECTURES.

MULTIPLE NEURITIS.¹

BY CHARLES G. STOCKTON, M. D.,
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CINE, UNIVERSITY OF BUFFALO.

Gentlemen: I have the pleasure of show-
ing you this morning a case which is, in a
number of ways, worthy of our closest at-
tention.

The history is as follows:—"Mrs. C.,
aged 41, born in England; has three chil-
dren; menstruation regular until about a year
ago, when it became irregular and the
patient experienced numb feelings in the
legs, feet, arms and hands; the feet felt
puffed up, but were not so; pains in the
legs, not constant, complained of; there is
no history of syphilis; the patient had rheu-

matism eleven years ago, but the attack was
not acute. She enters with a brownish com-
plexion, and has a large mobile tumor in
the right abdomen which reaches from the
umbilicus, the spine, the left hypochondriac
and the epigastric regions, down to the
crest of the ilium. It never has been pain-
ful. Her sclerotics are slightly jaundiced and
pigmented. She has a goitre dating back as
far as her memory reaches. The tumor is
hard, smooth, and regular in outline. Her
temperature was 100.4° on entering; her
appetite is fair, her bowels are regular, and
her urine presents no peculiarity.

This woman came here because of lack of
power in the hands and feet; but as I looked
her over, to note the general appearance,
the first thing that struck me was the com-
plexion. Her eyes and hair are dark, the
complexion dark brown but apparently not
that which comes from nature, but one
changed probably by disease. You notice
in the neck an enlargement which has, very
properly, been called a goitre.

¹ Delivered at the Buffalo General Hospital.

On asking the patient to hold up the hand, there is a little tremor, but it is comparatively steady. Her grasp with either hand is no stronger than that of a child of two years. There is not much atrophy of the hands, though they are not quite so well developed as they should be. On the thenar eminences of both hands, we see signs of atrophy, and between the thumb and forefinger, on the back, there is a well-marked depression. We see the same pigmentation of the hands as of the face and, in fact, all the rest of the body.

Let us now look at the feet and legs. Straightening out the legs, she says, gives her a cramp in the thigh. The position of the feet and legs is rather unusual; the great toes are turned inward by the internal group of muscles, there being a loss of power in the muscles of the peroneal group. There also seems to be less power in the extensors of the leg than in the flexors. She cannot bend the toes and foot upward—there is not the power of dorsal flexion. With my thumb and finger I can hold her foot, against her efforts to bend the knee. There is a little more power on the right side than on the left. She has no power at all to turn the foot outward. Evidently we have a paralysis of motion here: not complete, but nearly so at the periphery while the power increases as we go toward the trunk. Now let us see about the paralysis of sensation. On testing this by pricking with a pin, I find no loss of sensitiveness in the skin at present, but in the past I have found areas of diminished, but not entirely abolished, sensation.

We may also have paralysis of the nerve, presiding over nutrition—the trophic nerves. But in this patient outside of a small amount of muscular atrophy, nutrition is being well carried on.

It would be well, at this point, to see whether the reflexes are natural. You recollect that the tendon reflex at the knee should, with rare exceptions, be present in health. Here, we do not see the limb respond to the ordinary test, and I have never been able to develop any response at all to percussion applied in the proper manner.

Now let us see what kind of a gait the patient has. Is it a gait characteristic of ataxia, or of some other affection? You notice that this patient steps over the toes, as it were. The toe drops to the floor and she is unable to raise it, and she therefore has to lift her foot high enough to raise it

over the toe. In fact, she has what might be called the drop-foot, similar to the drop-wrist observed in cases of lead poisoning. This is a very characteristic gait and very different from that of locomotor ataxia, in which it will be remembered, the patient has a peculiar staggering shuffle, striking forward with the heel first, the toe being raised; then the heel comes down and the toe drops. This patient has, so far as we can make out, a paralysis involving the nerves of the legs and feet as well as of the arms and hands, and possibly also of other parts of the body. This paralysis is disseminated through all four extremities, and is therefore a multiple one. All the symptoms taken into consideration the case is clearly not one of locomotor ataxia. The patient has never had any trouble with the sphincters and gives no history of girdle-pains which belong to locomotor ataxia, nor of lightning pains in any part of the body. She has, I believe, multiple neuritis; a form of disease recognized not long ago, and one which has formerly been mistaken for locomotor ataxia, and for this reason I have dwelled at length on the difference between the two diseases. It is a form of paralysis which is often alcoholic in origin and in the case in question there is a history of alcoholic habit dating many years back, and she says that when she discontinued the use of alcohol for any length of time her condition became improved.

In multiple neuritis there is pain in the part inflamed, which is sometimes exquisite but more often not very severe. There is also a greater continuance of the suffering than in locomotor ataxia. Pressure over the nerves increases the pain.

Neuritis is not an uncommon affection. A typical case, like this, is rare, but minor degrees are often met with. Persons who have numbness of one finger during the menopause are affected with a form of neuritis. Neuritis may affect a single nerve or may be found in both arms but the body in general is not affected, as is the case in lead poisoning. This case is plainly one of those which Lancereaux described some years ago as "alcoholic paralysis."

As far as the neuritis is concerned, I have no doubt but that the patient will get better, and have fair return of power to the hands and feet. When first admitted to the hospital she had a certain hesitancy in her speech and a very peculiar impediment, such as I have never heard before. This symptom is now much improved and her intellec-

tual improvement is also marked. When she came here she could not collect her thoughts without difficulty; she is now as bright as any one. The power of her hands and feet has also somewhat returned. This indicates that regeneration is going on in the nerve-filaments which were degenerated.

In the course of treatment, the first thing to do is to keep the patient away from alcohol, otherwise the disease will continue throughout life. The second indication is to keep such patients warm, for they often suffer from cold extremities. It is also found very useful to bathe parts that are paralyzed in tepid water and to rub them. We are now giving this patient salt and water baths. Another important point in the treatment is the use of electricity—the Faradic current when that will cause response, and, if this is ineffectual, the interrupted galvanic current. In this case the nerves have shown degenerative reactions.

Some authors recommend the use of strychnine, but for my own part, I think it is used too much in nervous diseases. Still I can see no objection to its use in this case. It is not so objectionable in diseases of the trunk and peripheries of nerves as it is in diseases of the cord. There can also be no objection here to the use of phosphorus in small doses and, while the long-continued use of arsenic would be impracticable, the latter drug might also be serviceable for a time. A good diet is necessary. The legs should be stimulated by massage and the patient should be encouraged to exercise her arms and legs as much as possible.

LEUKEMIA.¹

BY JAMES TYSON, M. D.,

PROFESSOR OF CLINICAL MEDICINE; ONE OF THE
PHYSICIANS TO THE PHILADELPHIA HOSPITAL.

Gentlemen: I bring before your notice, to-day, a case of extreme interest, the history of which I will develop in your presence and the diagnosis of which we will determine. The patient, J. A., from Lewistown, Mifflin county, Pa., a rigger by trade, began to ail in May, '88, but remained at work until Christmas, when he was compelled to stop all labor and has been unable to resume work since that time. His trou-

ble began by the appearance, in the region of his spleen, of a dull, ill-defined pain. By throwing the weight of his hand on the spot, he was at first able to greatly relieve this troublesome symptom, but latterly his suffering could not be mitigated by pressure. This pain was accompanied by a good deal of headache, especially in the back of his head, by disorders of digestion, by constipation, by bleeding at the nose, by a falling away of flesh, and by increasing weakness, until he presents the clinical picture which we now see.

Let us supplement these voluntary statements of our patient by a more systematic inquiry into his symptoms and his present physical condition. He was always healthy until eight years ago, when he fell and sustained a fracture of the sacrum, from some effects of which he still suffers; these results seem principally to be a weakness in the back, associated with numbness, pain radiating down both legs in the region of the anterior crural nerves. Although this condition remained, he was able to resume his business; and apart from the history of this accident, he presents no record of further trouble. In fact his past has been remarkably free from sicknesses of all kinds. Then comes this story of a pain followed by emaciation; he tells us he has lost forty pounds since the first of the year. Percussion gives negative results in the upper thoracic regions, but running down in the left mammillary line, we very speedily reach dulness; this is possibly the heart, but we note that it extends into the axilla. This dulness runs down until it skirts the edge of the ilium; it extends some distance posteriorly, and reaches nearly to the median line in front, making a circular area of dulness, having about a diameter of eight inches with centre about midway between the crest of the ilium and the lower border of the ribs.

The splenic dulness ordinarily covers an area of about one and a half, or at the most, two inches square. There is nothing which could occupy this particular space except a tremendously enlarged spleen. The fact that the area of dulness does not vary with the position assumed precludes the possibility of its being caused by fluid. On the right side, in the nipple line, dulness begins a little above the point at which we expect it normally; usually we get liver-dulness in the sixth interspace or on the seventh rib. Here we have dulness at the sixth rib and in the fifth interspace; at the right mid-

¹ Delivered at the Hospital of University of Pennsylvania.

axillary line there is flatness, due to the liver, at the seventh rib, which is also a little higher than in health. The liver is therefore either slightly enlarged or possibly a little displaced.

With such symptoms, enlargement of the spleen, adynamia, emaciation and anæmia, an examination of the blood naturally suggests itself. This has been made in this case, with the discovery of a very large proportion of colorless corpuscles in comparison to the red cells; indeed as many as one colorless to five red; whence the diagnosis is easy. This man has leukemia—a morbid condition of the blood-making apparatus, resulting in the formation of an excess of colorless corpuscles, with the diminution, sooner or later, in the quantity of coloring matter of the blood. The term “leukemia,” meaning literally white blood, simply expresses the most prominent symptom; it does not explain or define the disease. The diagnosis is therefore what is called a “symptomatic diagnosis;” it merely represents the symptom of the disease, not the trouble itself.

The blood-making apparatus includes the spleen, the lymphatic system and the marrow of bone. Splenic and lymphatic leukemia are of more frequent occurrence; probably one-half of these cases are splenic; next in frequency comes combined splenic and lymphatic troubles; then lymphatic alone, with myogenic leukemia, or that of the bone-marrow, last in the order of frequency. In this patient, there is no evidence of lymphatic involvement; in such cases there is not only an overgrowth in existing lymphatic cells, but there is as well, the formation of new lymphatic tissue. Nothing of this sort can be found here. The changes in the lymph glands are purely hypertrophic. In the spleen, the first change is an active hyperæmia in the part; there is no striking alteration in structure as yet; the spleen is simply darker, of softened constituency, with the lobules marked. Then changes in the Malpighian bodies become visible; measuring one to three lines in width, white, tough, true hypertrophies. The spleen pulp begins to atrophy as the Malpighian bodies enlarge.

When the pulp becomes more atrophied and more decided enlargement of lymphatic structure appears, the white of the Malpighian bodies contrasted with the pulp stained and with the coloring of the blood produces the effect called the “marbled spleen.”

The proportion of white corpuscles to the

red cell can vary to a great degree and yet be consistent with perfect health, changing from one in 250, to one in 400 red corpuscles. In leukemia, the ratio runs down to one in 50, one in 25, one in 3, and even one to one. Here there is one to 5. There is also in this condition a diminution in the coloring matter of the blood. This latter condition is recognized by the use of some such instrument as Fleischl’s “Hemoglobinometer,” which consists of a colored, wedge-shaped bar lying horizontally on a platform and moved to and fro by a milled head; over this colored bar is placed a cylinder divided into two parts; one side containing the diluted blood; the other distilled water. The milled head moves the bar along under the cylinder so that it is beneath the compartments containing the distilled water and blood; then using proper light, which is generally the yellow ray of a candle, the bar is rolled along until the water has exactly the same tint as the diluted blood. From a scale on the side the percentage of hemoglobin is read off. Gower’s instrument is on the same principle; in it, tinted gelatine is used, kept in test-tubes; with this tube, a given quantity of blood is compared, diluting it until it assumes the tint of the gelatine; then from a scale on the side of the tube the percentage can be determined. Gower’s test is not as accurate as Fleischl’s for the gelatine is apt to change in color after a time, and besides the manner of applying the test is not as delicate as it is in Fleischl’s apparatus. It is however simple.

For counting the actual number of corpuscles in a given volume of blood, we use the microscope together with a slide marked off into a certain number of squares. The slide made for this purpose by Zeiss, of Jena, consists of a cell of $\frac{1}{10}$ of a millimetre in depth and ruled with a great number of squares each of which is $\frac{1}{4000}$ of a square centimetre or $\frac{1}{100}$ of a sq. millimetre. The blood-corpuscles in the properly diluted blood are counted in a number of these squares and the average taken for a certain number of squares; then knowing the dilution, the size of the squares and the depth of the squares we can obtain the number of red cells in a cubic millimetre of blood, which in the healthy man should be about 5,000,000 corpuscles.

The calculation in this case has been made and it is found that there are but 1,337,500 of red cells in this man to the

cubic millimetre, which is sufficient to amply explain his appearance. The ratio of white corpuscles to the red has been determined to be one to five; also by Fleischl's apparatus the hemoglobin has fallen to 30 per cent. Thus we see that everything in the blood has suffered deterioration; the number of red corpuscles, the ratio of white to red corpuscles and the coloring matter.

As to the exact stage of the disease which this man has reached, we need not believe that the trouble has run yet to its extreme limits. The spleen has probably not reached the condition of the "marble spleen," although there doubtless is a great increase in the lymph-adenoid tissue. One quite remarkable feature of the case is that though living in a markedly malarial district, he has never had any evidence of trouble of that sort. This is interesting to note in a case of this kind.

As regards treatment, we have reason to believe from past experience that his case is inevitably fatal, sooner or later, and hence although we may be able to delay the progress of the disease, he will die ultimately from exhaustion. If such a case is seen earlier in its course, there is a greater probability of effecting a cure. At such a period too it is difficult to say whether it is leukemia rather than ordinary anæmia. There will be found at this stage, a diminution in the coloring matter of the blood but no change in the ratio between the red and white corpuscles. Hence the importance of recognizing and arresting the condition of anæmia whenever we meet it. There is not a wide range of treatment adaptable to these cases; we are limited to making rich blood and strengthening as far as we can the system from the ravages of the disease. Iron and arsenic are the principal stand-bys to be used; the effect of such drugs on these cases is that they cause ordinary anæmia generally to leap into good condition; this is especially the case when heavy doses of arsenic are given. Perhaps the best form of iron to give is the carbonate, and of arsenic, Fowler's solution. The latter drug exerts even in leukemia marked, although it rarely produces permanent results. With this should be combined proper food, bloody meat, blood-making articles. As a *dernier resort* transfusion of blood may be tried; and it may serve to afford temporary relief.

Gnomium, the new metal announced by Drs. Kruss and Schmidt, of Munich, is said to be a myth.

COMMUNICATIONS.

EXTRA-UTERINE PREGNANCY.

BY CHARLES P. NOBLE, M. D.,

SURGEON-IN-CHIEF TO THE KENSINGTON HOSPITAL FOR WOMEN.

At the present time when the subject of extra-uterine pregnancy is still unsettled, every experience regarding this condition is of value, inasmuch as it may help to a solution of vexed problems. The questions which elicit most discussion in medical societies are: the primary site of the pregnancy, the probabilities of diagnosis before and after rupture of the gestative cyst, and the proper method or methods of treatment, during the early months. The case which I herewith report is of more than usual interest as bearing upon the present views concerning diagnosis:

Mrs. X., twenty-seven years old, has been married seven years. She has had one child, now five years old, and no miscarriages. Mrs. X. was a delicate girl of a neurotic type. Between the ages of eight and fifteen years she had four attacks of chorea. Menstruation was always painful, and accompanied with severe uterine cramps, and distressing headache. There was nothing of note about her labor or lying-in. Shortly afterward she began to have attacks of what was called "inflammation of the womb," "inflammation of the ovaries," "congestion," etc. During the past five years she has had twelve or fifteen such attacks—usually at her menstrual periods or after unusual exertion. These "spells" were characterized by cramps in each groin, so severe as to cause her to double up with pain. She was usually confined to bed three or four days, but never more than a week at a time. The attacks were never accompanied with marked fever. Mrs. X. has suffered from leucorrhœa since a child, but has never had an acute attack. Her bladder has always been irritable. Since the birth of her child dyspareunia has been constant and distressing. Menorrhagia and metrorrhagia have both been present. During these years Mrs. X. was usually under the care of a homœopath, and for a while was treated for laceration of the cervix by a female practitioner.

During the past summer Mrs. X. was in her usual health. Menstruation was regular until August, when the period was skipped.

Slight morning nausea followed, sufficient however to attract her attention. The breasts swelled, and became tender. She suspected pregnancy. September 2 she began to flow, and then concluded that the delayed period was brought about by "cold." The flow antedated the time for the second period by one week. After two or three days however the blood had a distinctly lochial odor. Owing to this and the fact that she passed "a mass" in the water closet, with some pain, she concluded that she had miscarried. This mass was not examined, as at the time it did not attract special attention, it being not unusual for her to pass clots at her periods. The pains in the hypogastrium became more marked and were accompanied by a feeling of faintness. The family physician was now called. In view of the history it was considered probable that miscarriage had occurred. An old laceration of the cervix was discovered, and also that a mass was present in the left side of the pelvis. Several fainting attacks now followed, preceded by severe pain, "different from anything before experienced." One day she fainted twice in the street. The flow at times was profuse, and then almost stopped. The odor remained lochial.

I was called in consultation to see Mrs. X. Sept. 17, when the preceding history was obtained. On examination it was found that the perineum and cervix were torn; the uterus was low, forward, and to the right side; to the left and behind the uterus a large hard mass was felt, blocking up the pelvis, and which was distinctly rounded, dome-shaped, and palpable from above; there was a small mass to the right, and tenderness was very marked. Upon questioning, the patient told me that she had suffered repeated attacks of rectal tenesmus, and also that she herself was aware that a "lump" was forming in her pelvis. No rectal examination was made.

The diagnosis of left tubal pregnancy following old bilateral tubo-ovarian inflammation was made, and it was thought highly probable that rupture into the left broad ligament had occurred. This diagnosis was given the family, and operation urged. Influenced by what has been said of late concerning the impossibility of knowing anything about this subject, I further stated that it might prove to be hemorrhage from old tubal disease, provoked by a miscarriage, but that this was highly improbable. The patient remained in bed and was seen on

the 19th. In the meantime she had been comfortable. The mass was more easily palpable, the uterus lower and more to the right. Frequent and painful micturition was now very annoying. Operation was still more strongly urged.

On the night of the 21st a severe fainting attack showed the family the necessity for action, and Mrs. X. was removed to the Kensington Hospital for Women for operation. Prof. Kelly and Dr. Robb saw the patient immediately before the operation and confirmed the diagnosis. Abdominal section was performed in the presence of Drs. Kelly, Boyd, and Deekins, of Phila., and Dr. Burr, of Wilmington, with the skillful aid of Dr. Hunter Robb.

The peritoneum was found blood-stained, and when the peritoneal cavity was opened some fluid blood escaped. The omentum was loosely attached to the broad ligaments and uterus, and when the attachments were severed, blood, which had been wallled in by the omentum and bowels, escaped in large quantities. Handful after handful of sausage-shaped clots were removed—their peculiar shape attracting attention. The total amount of blood in the cavity of the peritoneum was at least a quart. The ovary and tube on the left side were freed from adhesions and tied off. The ovary was of normal size but the tube was much enlarged and filled with blood-clot which was escaping from the fimbriated extremity. On the right side was found a small ovarian tumor, and a hydro-salpinx. These were also tied off and removed. The peritoneal cavity was now flushed with warm water, especial care being taken to wash up clots from the sac of the hæmatocele. A drainage-tube was inserted and the abdominal incision closed.

The after history has been uneventful. The tube was removed after thirty-six hours. The convalescence was afebrile and without an unpleasant incident.

Upon laying open the left tube (which was unruptured) an ovum, of about seven weeks' development, was found near the uterus. Hemorrhage had been caused by partial separation of the ovum from the tube. The pressure of the blood had dilated the tube and its abdominal orifice; and hemorrhage continuing the formed clots were forced out into the peritoneal cavity.

The diagnosis in this case was easy. Every point required for diagnosis was present, except an examination of the

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decidua. The clinical history was that which has long been looked upon as diagnostic of this condition, and which can be obtained in so many cases if the practitioner will only look for it.

The fact that the blood was within the cavity of the peritoneum is of special interest, because it has been taught that when a hæmatocele is dome-shaped, smoothly rounded, and palpable above the brim of the pelvis, it is contained within the layers of the broad ligament. This rule is evidently not infallible.

ASPERGILLUS IN THE HUMAN EAR.¹—WITH REPORT OF ELEVEN CASES.

BY CHARLES H. BURNETT, A. M., M. D.,

AURAL SURGEON TO THE PRESBYTERIAN HOSPITAL;
ONE OF THE CONSULTING AURISTS TO THE
PENNSYLVANIA INSTITUTION FOR THE
DEAF AND DUMB; LECTURER ON
OTOLOGY IN THE WOMAN'S
MEDICAL COLLEGE,
PHILADELPHIA.

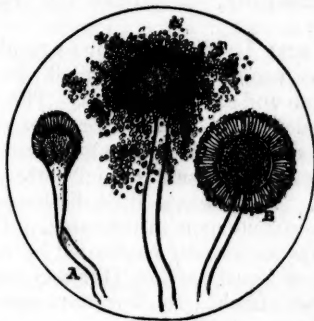
In a paper on twenty cases of this form of aural disease already published elsewhere (see foot-note), the following synopsis was given:

The age varied from fifteen years to sixty-seven years; fourteen cases occurred in men and six in women; the right ear was affected in seven cases, the left in nine; and both ears were affected in four instances.

The symptoms of the growth of this parasitic fungus of the mould family, in the human external ear may be briefly given as stinging, itching, dulness of hearing, some pain, and a watery but scanty discharge. The patient may finally complain of great pain and deafness, if the membrana tympani should become inflamed. An ear thus affected will show, on examination, the presence in it of a grayish, sometimes mottled, flaky mass, or, if examined in the earlier stages of the disease, it reveals the presence of a white false membrane closely adapted to the membrana tympani and the inner part of the auditory canal. From this point the false membrane may, and sometimes does, extend outward until it pro-

jects from the orifice, at the concha of the auricle.

A microscopic examination of a piece of this false membrane will demonstrate the true nature of the foreign substance in the ear by revealing the characteristic mycelial web and fructiferous hyphens of the aspergillus.



There are two forms of aspergillus found in the ear of man, viz.: the *a. glaucus* and the *a. nigricans*, which are marked in the accompanying figure A and B respectively. The latter is by far the more common in its occurrence.

Case 21. Aspergillus nigricans in the left ear; then in the right ear. Treated by solution of Hyposulphite of Soda.—Miss W., age 17 years, consulted me Feb. 7, 1879, concerning her left ear. Her parents stated that for several years she had had attacks of soreness and pain in the left ear. The hearing was found to be nearly normal. The membrana tympani was found covered with a blackish layer. Some pus was found at the meatus. Syringing brought out from the ear a dark, purplish and black mass. Some flakes of the same kind were removed by forceps from the canal. The microscope revealed the presence of the *A. nigricans*, (Fig. B) in all stages of growth.

Treatment.—The patient was directed to instill into her ear, every hour, ten drops of a three-grain solution of the hyposulphite of soda. In three days, when the patient was next seen, another mass of aspergillus was found in the fundus of the ear. The ear had been painful and sore for forty-eight hours. The mouth of the canal was eczematous, swollen and sore to the touch. Besides ordinary aspergillus fruit-stalks, there were found at this time some very large purplish fructiferous heads, four times the usual size, apparently enveloped in a membranous sac, suggestive of the so-called ascomycete

¹ These eleven cases are additional to twenty cases published in the *American Journal of Otolaryngology*, April, 1889. Their numbering will, however, begin with No. 21.

form of the aspergillus. The drops of hyposulphite of soda were continued every hour. On the next day some more fungus was removed, showing that it was still alive and growing; but there had been no further pain in the ear. The next day the membrana tympani was entirely free of aspergillus but appeared macerated. The drops were used four times daily, the patient not syringing her ear.

The next day the membrana was clearer; a little eczema still prevailed on sides of canal and at the meatus. The drops were ordered to be used three times daily.

Four days later the patient was seen again and the ear was found entirely free of the fungus. There was a little discharge from the eczematous spots in the canal. The eczema was successfully combated by using a powder of equal parts of Hubbucs oxide of zinc and starch. In four days more the left ear was entirely well and remained so. Just at this time the patient stated that her right ear felt stopped, and uncomfortable, and that a watery discharge had come from it upon her pillow. Syringing brought out a mass of what proved to be *aspergillus nigricans*. This ear was treated by instillations of the hyposulphite of soda, in solution as above, without syringing, twice daily for a week, when it was found free from fungus.

The important points in this case are, the treatment by solution of hyposulphite of soda, requiring ten days to cure the left ear, and a week to destroy the fungus in the right ear, a comparatively long time, and, the interesting fact that the fungus was transplanted from the left ear to the right, probably by the fingers of the patient in performing her toilet.

Case. 22. Aspergillus nigricans in the right ear.—On December 6, 1879, Mr. L., aged eighty-three years, in whose ear I had inserted a week previous a cotton pellet over a perforation in the membrana tympani, as an artificial membrane, complained of discomfort in and some discharge from the ear. The artificial membrane was removed and with it some suspicious flakes of membranous substance. These being examined microscopically revealed the presence of a flourishing *aspergillus nigricans*.

Treatment.—The ear was treated by instillations of absolute alcohol, once daily for two or three days, when the fungus disappeared from the ear, and the patient ceased to feel the peculiar discomfort in the

ear which had been caused by the parasitic growth.

It should be observed that in this case it required six or eight applications of alcohol in the ear to insure the destruction of the aspergillus.

Case 23. Aspergillus nigricans in the right ear.—Dr. X., age eighty years, Aug. 31, 1881, complained of itching, slight pain in, and a thin, watery discharge from, his right ear. Examination revealed on the posterior wall of the auditory canal and over the membrana tympani, a flourishing false membrane. There was a small perforation in the posterior-inferior quadrant of the drum-membrane. The microscope revealed the presence of the fungus, *aspergillus nigricans*.

Treatment.—Pure alcohol was instilled into the ear, producing intense burning as the skin in the canal was broken and macerated by the eczematous condition always found where the fungus has begun to flourish. Syringing removed a large piece of false membrane.

The next day the walls of the canal and the membrana tympani were much clearer. There was no more itching in the ear and it felt more comfortable, though a little muffled. The pink mucous membrane of the drum-cavity could be seen through the perforation in the membrana. The patient was ordered for instillation at home,

R	Alcohol	f 5i
	Aque	f 3 vii

M.

The next day more false membrane had formed and was removed. Patient ordered to go on with the alcohol and water instillation, twice daily. The next day no aspergillus was found and the alcohol instillations were discontinued.

Two days later aspergillus was found again in the ear and the alcohol instillations were renewed. Instillations of a three-grain solution of sulphite of soda were also used in the affected ear. The next day a thin false membrane was wiped out from the ear and powdered boric acid was blown into it. This made the ear feel comfortable and it was allowed to remain in the ear. The next day no aspergillus could be discovered; but the ear still discharged mucus and the walls of the auditory canal were macerated and red. Powdered boric acid was blown into the ear again a few times, after which the aspergillus did not again appear and the ear healed.

This case, like the preceding, required continual watchfulness and treatment for a week, with alcohol, and sulphite of soda instillations in order to destroy the fungus—a much longer and more tedious method than that of *salicylate of chinoline*, as will be shown in the accounts of some subsequent cases, in this paper.

Case 24. *Aspergillus nigricans* in the left ear.—Mrs. X. complained of a stopped feeling, and itching in her ear, with a slight watery discharge; Nov., 1881. Examination revealed the presence of a false membrane, looking like a piece of wet newspaper, over the membrana tympani. The false membrane was removed from her ear by syringing, and enough of a powder composed of

Resorcin	1 part
Boric acid	16 parts

was blown into the ear to cover the membrane and the walls of the canal about it. This one treatment seemed to sterilize the fundus so that there was no reproduction of the fungus, and with this case begins the treatment of *aspergillus* in the ear, by means of boric acid in combination with with resorcin or salicylate of chinoline, preferably the latter.

Case 25. *Aspergillus glaucus* in both ears.—Mrs. W., age 35 years, stated, Oct. 7, 1882, that her left ear had annoyed her for some weeks, by some pain, itching, dullness of hearing, and latterly by a watery discharge. She had put some oil in the ear for relief. Within a few days of her visit to me the other ear, the right, had shown the same symptoms. On examination both ears revealed the presence of a false membrane, pale gray in color, covering the membrana tympani and the inner end of the auditory canal, near the drum. The ears were syringed with alcohol and water and the false membrane thus removed. In order to sterilize the fundus of the auditory canal and the membrana tympani, a powder composed of

Salicylate of chinoline	1 part
Boric acid,	16 parts

was blown into the ears, in quantity sufficient to lightly cover the parts named. This one application destroyed the fungus germs in the left ear, no false membrane was formed, and the ear became entirely normal in three days. The above powder, being

found dry in the left ear, was allowed to remain there for about a week, when it was washed out. The right ear required a second application of the powder, before it showed no regrowth of *aspergillus* at its fundus.

Case 26. *Aspergillus nigricans* in both ears.—In Sept., 1883, F. S., age twenty-five years, applied at the Philadelphia Polyclinic for relief from discomfort and hardness of hearing in both ears. A false membrane, looking like wet newspaper, was found in each ear at the fundus and over the membrana. Syringing the ear by means of alcohol and water removed the false membrane, after which the ears were insufflated with a powder, as in the previous case, composed of

Chinoline salicylate	1 part
Boric acid	16 parts

The one application destroyed the fungus, and the ears rapidly became normal.

Case 27. *Aspergillus nigricans* (?) in the right ear.—On October 31, 1883, Dr. K. consulted me on account of itching, tinnitus, and some pain in his right ear. Six months previous he had suffered from an attack of acute otitis media in this ear, attended with perforation of the membrana, great discharge and deafness, for which he was treated in another city.

Upon examination the right membrana tympani was found dotted over with white spots, with intervening pink surface of the drum membrane. The latter was distorted from the previous attack of otitis.

The fundus of the affected ear was then slightly dusted with the aforesaid chinoline, boric acid powder, one to sixteen, which arrested at once the growth of the *aspergillus*. The microscope revealed only a dense mycelial web, growing in one of the white spots observed in the drum, but without fructiferous hyphens; hence the variety of the *aspergillus* could not be determined.

When seen in a few days the tinnitus and discomfort in the ear had ceased, and there was no further evidence of life in the fungus. A little plain boric acid powder was then blown into the ear, to favor a continued sterilization of the fundus, and allowed to remain there a few days, when it was washed out, and the ear appeared entirely free from any evidence of the presence of *aspergillus*.

Case 28. *Aspergillus nigricans* in the left

ear.—On July 25, 1885, Mrs. J. S., age thirty-five years, complained of itching, sense of fulness in the left ear and hardness of hearing, which she had felt for some weeks. The auditory canal was abraded, apparently by a pin used for scratching it. A large mass of false membrane was found in the fundus of the canal and syringed out with alcohol and water. The microscope revealed the characteristic hyphens and spores of the *aspergillus nigricans*.

Treatment.—One application of the powder, composed of

Chinoline 1 part
Boric acid 16 parts

sufficed to destroy the fungus and arrest its further growth in the ear.

Case 29. Aspergillus nigricans in the right ear.—Mrs. S., age 45, stated on Oct. 12, 1885, that for six weeks previous there had been itching and soreness in her right ear, soon followed by a watery discharge. This patient was under treatment for *aspergillus* in both ears in 1876, and again in the spring of 1885. Examination revealed at the time of the last attack, Oct. 12, 1885, a false membrane covering the membrana tympani, and the adjacent walls of the auditory canal.

Treatment.—This time a different and an entirely new treatment was pursued in this case. The ear was syringed with alcohol and water, which removed most of the mycelial mass from the ear, and then there was blown into the ear and down to the membrana and the fundus of the auditory canal, a little powder composed of

Chinoline salicylate 1 part
Boric acid 8 parts

This was left in the ear until the next day when, as it was damp with the discharges from the eczematous walls of the auditory canal, it was syringed from the ear by means of alcohol and water, and some of the same kind of powder blown into the ear.

This treatment was repeated a few times, when it was found that the ear was entirely free from fungus and was normal in every respect.

Case 30. Aspergillus nigricans in the right ear.—July 13, 1887, Mrs. C. M., age 60 years, stated that a week previous she had felt a throbbing in her ear which then soon became stopped up and dull of hearing. Two months before these symptoms she had suffered from an attack of acute

purulent otitis media, with perforation of the membrana tympani, but from which she had entirely recovered.

Examination revealed the presence of a false membrane over the drum membrane, which was syringed out with alcohol and water. Some of the chinoline and boric acid powder, as given above (1 to 16) was then blown into the ear. The next day the powder was found to be dry in the fundus of the ear, there were no signs of reproduction of the fungus, and the ear felt entirely well. No further treatment was necessary, the one application of the chinoline and boric acid powder having destroyed the fungus and cured the ear.

Case 31. Aspergillus nigricans in the right ear.—September 24, 1889, Mr. M.S., age thirty-five years, stated that he had felt discomfort, with attacks of great pain at times, in his right ear, and that a watery, with finally a purulent and offensive discharge, had come from the ear, for a period extending over six months, the first attack having occurred in the previous March. The hearing had varied in this time from a dulness to a marked deafness. Examination revealed a partly detached false membrane at the fundus of the canal and over the membrana tympani. Most of this was syringed out with alcohol and water, the rest was removed with slender forceps. Microscopic examination of the false membrane revealed the presence of the *A. nigricans* in all stages of growth. The fundus of the ear was then insufflated with some of the chinoline-boric acid powder (1-8). This was allowed to stay in the ear twenty-four hours.

The next day the patient stated that his ear had felt perfectly comfortable and that his hearing was nearly normal for the first time in six months. During this long period of suffering he had been under treatment, at the hands of a physician who had diagnosticated the true nature of the disease, but who failed to relieve him, chiefly I think because he had used aqueous solutions, which, in my experience, tend to favor the growth and development of fungus rather than their destruction.

The next day the powder was found to be a little damp from the discharge from the eczematous skin in the fundus of the canal, which condition is always excited in the canal by the continual presence of the *aspergillus*.

This moist powder was therefore washed out, and some fresh chinoline boric acid-

powder blown in. The ear from this time required no further treatment, as it became and has remained, entirely normal.

In the foregoing eleven cases it is worthy of note that in all there were symptoms of slight pain, dulness of hearing, then a watery discharge, with a spontaneous detachment of some of the false membrane from the membrana.

The following synopsis is of interest :

Sex—Men, 5 ; women, 6.

Age—Varied from 14 years, a girl, to 83 years, a man.

Ear—Right, 6 ; left, 2 ; both ears, 3.

Variety—*A. nigricans*, 9 ; *A. glaucus*, 1 ; doubtful, 1.

Treatment—Hyposulphite of soda, 1

Alcohol, 1

Hyposulphite of soda and alcohol, 1

Powdered boric acid and resorcin, 1

Salicylate of chinoline and boric acid, 7

Women predominate in number because they are more apt to scratch and pick their ears with pins, etc., thus inviting the growth of the fungus on the denuded parts. Of the cases affected in both ears, two were women.

The only case of *A. glaucus* was in one of these women, affected in both ears.

The majority of the eleven cases (seven in all) were treated with chinoline salicylate in combination with boric acid (1-8, and 1-16 parts) and it will be observed that these cases were cured very much more easily and rapidly than those treated by other methods. Case 31, shows that unless the fungus is killed, it will continue to grow in the ear, and annoy the patient for months. In time it may induce a serious myringitis, perforate the membrana tympani and take root in the tympanic cavity.

Therefore any treatment so convenient, painless, prompt and efficient in its results, as the insufflation of chinoline salicylate in combination with boric acid, into the affected ear, should command the attention of all practitioners of medicine.

AN IRISH RABIES DOCTOR.—McGovern, the Irish Pasteur, who treats hydrophobia on a system handed down through generations of his family, recently received £12 from the Newry Board of Guardians for successfully treating four patients the Board had sent him.

REPORTS OF CLINICS.

UNIVERSITY HOSPITAL.

SURGICAL CLINIC—DR. ASHHURST.

Hydrocele.

Dr. Ashhurst first showed a man with hydrocele, and of this disease he said that there are three varieties, viz.: Congenital, when the elevation of the scrotum causes the fluid to flow back into the abdominal cavity. If there is a concomitant hernia, a truss should be worn. The patient often recovers spontaneously. 2. Acquired, when it follows orchitis, an injury, or is without any assignable cause. 3. Encysted, when the fluid is not in the tunica vaginalis proper, but in a cyst on the testicle or epididymis. Its fluid is watery or milky and when it contains spermatozoa, the cyst is called a spermatocele. There is also a hydrocele of the spermatic cord, of which there are likewise several varieties.

The symptoms given were these: there is a swelling of the scrotum, pear-shaped in form, or, if it is very full, it may assume the shape of an hour-glass. Its increase in size is in the longitudinal direction, and this characteristic distinguishes it from a sarcocele, the greatest diameter of which is usually transverse. It begins from below, whereas a hernia begins from above and, while a hernia clings to the central axis of the body, the tendency of a hydrocele is to turn outward. It is translucent by transmitted light, except when its walls are very thick or its contents dark-colored. Moreover, solid tumors are sometimes translucent. The specific gravity of a hydrocele is less than that of a solid tumor except when the former is extremely tense. He said that the palliative operation, which consists in tapping the hydrocele, could be repeated if it returned. This plan of treatment was recommended in very young, in feeble or in aged persons. If the sac continued to refill, it might be treated by a more radical operation, of which there were several kinds: the best being the injection of a stimulant liquid into the tunica vaginalis, generally the tincture of iodine. This injection is to be performed after the fluid has been withdrawn.

The testicle is usually situated in the posterior and inferior part of the scrotum. In this case it was anterior. Dr. Ashhurst

said that it and the larger blood-vessels should be avoided in making the puncture; and this he now proceeded to do, drawing off about four ounces of an amber-colored liquid, followed by a little blood. The testicle was itself much enlarged. As the after treatment, a suspensory bandage and rest for two days were recommended.

Removal of an Epithelial Cancer of the Lip and Chin.

The next case was that of a man with an epithelioma, involving the lower lip and chin. On the lower part of the chin and slightly to the right of the median line the infiltration had proceeded so far that ulceration had already begun. The case was a serious one and this had been fully explained to the patient. An operation, if successful, would however relieve the patient at least for a time. The most favorable circumstances about the case were that the floor of the mouth had not yet become involved; that the patient was otherwise healthy, and that he was only fifty-four years old. Had he been seventy-four, no operative interference would have been justifiable. The patient had been already etherized and the operation, which was long and tedious, was now begun.

The lower lip was first removed, leaving a rectangular space; then from either corner of the mouth as well as from the lower angles of the wound, incisions were made outwardly, forming two flaps, involving the whole thickness of the cheek and about 3 inches long by $1\frac{1}{2}$ inches broad. These flaps were joined in the median line in front to form the new lip. The ulcerated portion below the chin was next removed, and the floor of the wound thoroughly scraped. To the sound tissue, intervening between these two excisions, the two flaps that had been taken from the cheeks and united to each other in the median line in front, were secured above, and, below, flaps taken from the neck and slid upwards. The wounds were all accurately closed with hare-lip pins and shotted sutures.

—DR. DUTZE, formerly assistant in Dr. Unna's clinic at Hamburg, has been invited to proceed to Honolulu by the Hawaiian Government, and to remain there some time to study leprosy and to investigate the effect of new methods of treatment.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

VANDERBILT CLINIC.

MEDICAL CLINIC—PROF. F. DELAFIELD.

Cirrhosis of Liver, with Chronic Catarrh of Bile Ducts.

The first patient was a man 55 years old. This patient was presented to the class, Dec. 10, 1888, and the diagnosis of hypertrophic cirrhosis was then made. He gives the following history: One year and a half ago he complained of pain in the back, gastric symptoms, a "lump" in iliac region, stools white, urine deep red, skin jaundiced, and said that he had lost strength and flesh.

The record shows the patient was given ice water enemata without benefit, and then was put upon a course of the alkalies—also without benefit. To-day we find the man's general condition not improved; he is emaciated, but not very much so; his face is of a dusky brown color (as in all old cases of jaundice); the conjunctivæ and the skin are yellow; his urine is still bile-stained, and has a specific gravity of 1.020. Of late he has had no vomiting and there has been no ascites, though during the past week he has noticed his feet to be a little swollen. He has complained also of diarrhoea immediately after taking food. Examination shows both right and left lobes of the liver to be considerably increased in size both upwards and downwards, extending at one point four inches below the free border of the ribs. The liver feels hard to the touch, and the surface is irregular and finely nodular. This condition can mean only one thing, namely, hypertrophic cirrhosis. The spleen is not increased in size; hence it is not congested, and the blood must pass freely through the liver. The absence of vomiting shows that there is no congestion of the stomach. These signs point to no obliteration of the portal vein or its branches, and hence we see the reason this patient has done so well and yet has been sick such a long time. The jaundice that he suffers from might be due to one of three things, viz.: chronic catarrhal inflammation of bile ducts, calculi in the common duct (not impacted but admitting of the passage of some bile), or cancer of the duct. This last condition is not probable, however, considering the general condition of the patient. Either of the other

two conditions is possible, and though the chances are in favor of catarrh, we cannot positively say this condition exists.

Treatment.—Can we do anything more for this man than has already been done? Though his general health is not decreasing very much, yet he shows no improvement. The indication is clearly to affect the catarrh of the ducts (and duodenum probably) if it can be done. For this purpose Dr. Delafield would suggest systematic washing-out of the stomach, doing this at first daily. The other indication is to feed the man better; and the lavage of the stomach will help along this endeavor. He should take more solid food than he has been taking (he has been largely on milk diet), and every effort should be made to have him digest and assimilate what he does take.

This case is an example of how long jaundice may exist and a patient still remain in good condition. A patient in different walks of life has other resources that cannot be extended to this man. Such an one should try a change of climate—this is of benefit in all catarrhal affections. And there is one mineral water that might prove beneficial, namely: the Ems water, provided it is taken at the springs. It certainly has helped very many old cases of jaundice.

Tumor of Kidney.

The second case was that of a man 35 years old, who had also been presented to the class. On April 25, 1889, he came to the Clinic complaining of slight gastric disturbance, malaise, and a slight jaundice. He had a temperature of 100°. A tumor was discovered in the region of the gall bladder, and the diagnosis of dilatation of the gall bladder was made. Under treatment the man improved, and by May 1 his temperature was normal.

His record shows that on May 10 he had lost two pounds in weight, and was not feeling as well as before; June 13, he had gained four pounds, but was feeling weak and unable to work; September 1 he had lost fifteen pounds, and was again a little jaundiced, with stools light colored, appetite poor, a cough, and a temperature of 100°. The tumor, which seemed to have at first decreased in size, now appeared larger.

On September 7 a second tumor was discovered by the side of the first, nearer the median line; it seemed hard and immovable. By September 19 he had lost four pounds; September 30, he had gained some

flesh; October 17, he had diarrhoea with bloody stools. He has been gaining in weight, has very little cough, his appetite is fair, and he feels quite well—able to do light work. There is no jaundice.

Examination shows resonance over the lungs and normal respiratory murmur. The heart's action is regular and a little rapid. A murmur is heard with the first sound at the base. Inspection of the abdomen reveals an increase in size, especially on the right side. About six inches from the median line, just below the free border of the ribs, can be felt the original swelling, still soft and fluctuating, and corresponding in size and feel to the gall bladder. To the left of this, and extending an inch to the left of the median line, is felt the second mass noted in the history. It is hard and smooth and much larger than the original mass. In respiration both move with the liver. On deep palpation this second mass is found to extend deep down into the abdominal cavity, and with one hand forced well down in the lumbar region¹ the tumor can be seized and moved (apparent to the entire class). And for the first time it is found that both masses are probably one tumor. With the hand behind, pushing the tumor well forward, its size is discovered to be much greater than was at first supposed—indeed, it fills almost the entire right side of the abdominal cavity, but as it lies so deeply this was not apparent before. What was at first taken for an enlarged gall bladder was probably the most projecting part of the growth. Dr. Delafield said this was not the first time he had been misled by this condition. He believes now that the growth springs from the right kidney, it presses upwards against the liver and gives the impression that it is attached to that organ. The second mass discovered was simply an increase in the growth. Though the diagnosis is not absolutely certain he strongly believes it to be an adenoma of the kidney.

These cases are rare. The tumor will often grow to enormous size and the patient's general condition not be much affected, as in this case. And there are no changes in the urine. The question is: Should an operation for removal be performed? In view of the mobility and continued growth he would consider an operation feasible and perhaps advisable.

¹ See Editorial on Palpation of the Kidneys, MED. AND SURG. REPORTER, April 6, 1889.

Aortic Stenosis—Myocarditis (?).

The third patient was a man 47 years old, of intemperate habits, who had had a chancre fourteen years ago, and five years ago an attack of rheumatism. Last March, while lifting a heavy weight, he suddenly lost his sight, felt faint, and fell unconscious. Unconsciousness lasted one minute. He entered the New York Hospital, where he had several such attacks. It was noted that they would be ushered in by pain in the precordial region, and sometimes by vomiting. During the attack there was paleness of face, rolling of the eyes, slight convulsive movements of the arms, loss of consciousness, loss of radial pulse, and the heart sounds became almost inaudible. Their duration was about one minute. The man suffered, too, from dyspnoea on exertion, and pains in the head. His pulse varied between 40 and 50 per minute, and during one week, while in bed, it was between 30 and 40.

The specific gravity of the urine was 1.020, and a trace of albumin was to be found. The Hospital record mentions that during March a pericardial friction-sound was heard. At present patient complains less of heart symptoms and more of headache. He has not had an attack for four weeks. He knows he is steadily losing strength and flesh.

Examination.—The pulse was slow, and full, and good; some increase of tension. The heart impulse was diffuse, and the organ increased in size. A loud systolic murmur, whose maximum intensity was at the base of the heart, was heard. (This may have been the friction-sound noted above.)

Diagnosis.—Dr. Delafield said: It is evident this patient is suffering from organic disease of the heart. Aortic stenosis with dilatation of the ventricles is certainly present, but is this the whole story? The sudden onset, the fainting attacks, the increased arterial tension and the slow, regular action of the heart do not make the usual history of this condition, for they may all be accounted for by the aortic stenosis and dilatation.

But there may be some other change in the heart, and this history would make us look for it, viz.: Chronic myocarditis, with or without chronic inflammatory changes in the coronary arteries; and it is very probable that these conditions are present in this patient. So that it is safe to say the patient has aortic stenosis and perhaps also a myocarditis.

FOREIGN CORRESPONDENCE.**THE HEIDELBERG CONGRESS.**

"Alt Heidelberg, du feine, du Stadt an Ehren reich,
Am Neckar und am Rheine, kein' And're kommt dir
gleich."

The Congress of Physicians and Naturalists—The Exhibition—The Scientific Discussions.

The 162d Congress of Physicians and Naturalists, just held at Heidelberg, was unanimously pronounced a most successful affair. To be sure the famous old city, around which song and legend have woven a most charming wreath, was in itself sufficient fascination to gather within its romantic walls the disciples of Æsculapius from near and far. "Thirst and Science," the old motto of Heidelberg, could be seen at its best during the Congress. No matter how heated the debates, how bitter the opposition and fight of the naturalists during the day were, one could see the contestants in the evening most cordially united around the historical "tun" in the happy enjoyment of wine and good fellowship.

I beg now to invite you to a short promenade through the exhibition, attached to the Congress, and then ask your attention to some notable topics of discussion. The object of most interest and admiration in the exhibition was Edison's phonograph, presented by the great American electrician in person at the first day of the meeting. Edison was honored not only by being placed at the table of the President, but also by repeated acclamations on the part of the assembly and by the flattering address of the Grand Duke of Baden. I am pleased to add that, by this time, the phonograph has taken up specimens of the voices of all German celebrities, including Bismarck and the Imperial family. Wolz, of Bonn, exhibited for the first time his new Knallgas light, which, after many futile attempts, he succeeded in preparing from compressed oxygen and hydrogen by the aid of zirconia. This light possesses superior advantages, particularly for the lighting of railroad cars, which could readily carry two receptacles filled with the gases mentioned. Sartorius, of Göttingen, presented a scale which was pronounced to be the finest in the world in precision and minimal

registration of weight. The Berlin analine works showed specimens of "eikonogen," a new "developer" for photographic negatives. Eikonogen permits of the development of pictures after a minimal exposure; the negatives develop rapidly and assume a very desirable blue-black coloration. The precipitate of silver in negatives treated with eikonogen is sufficiently delicate for the delineation of the finest details. Eikonogen can be kept for a long time in an alkaline solution and is wholly non-poisonous. The samples of photographs obtained by the aid of eikonogen were marvels of beauty and precision. Dr. Rohrbeck, of Berlin, exhibited a new apparatus for disinfection and sterilization, which claims our special attention on account of its embodying two important principles: viz., absolute exclusion of air, and the prevention of an overheating of steam. His disinfecter is calculated to avoid the generation of dry steam, which, as experience has proven, is a less reliable germicide than moist steam. Seibert, of Metzlar, showed an objective by the aid of which the internal structure of bacteria can be distinctly recognized. The bacilli of anthrax, for example, do not appear under Seibert's objective as mere rods, as usually, but present a beaded internal structure invested by an irregular and nearly cylindrical sheath. The beaded appearance referred to does not by any means represent spores. Of considerable interest is the watching of microbic propagation, well known as the process of "budding." The beads located in the middle separate to a greater distance from each other, and a line of light is seen to cross the rod obliquely; then comes an indentation and ultimately the division of the rod. This is the highest power ever developed by any microscope. Among the numerous other exhibits I would mention an immense platinum-boiler for the concentration of sulphuric acid, a melted bar of pure iridium, and sublimated osmic acid. From the many interesting papers read and discussions held I shall select some few which invite our special attention.

At the debate on tuberculosis in the Congress Prof. Virchow opened the discussion by saying that Koch's bacillus did not explain all problems connected with tuberculosis and that individual, hereditary and possibly also other, as yet unknown, factors, probably play a more significant rôle in this affection than is usually believed at present. The hereditary element, at least, is no longer

to be underrated since the tubercle bacilli have been discovered in the genital organs of parents, the offsprings of whom were known to be consumptives. Dr. Sonnenschein, of Worms, called attention to the origin of constitutional diseases. and of consumption in particular, from milk. He believes that a great portion of infants and children, dying of tuberculosis, have been infected from the milk of diseased cows. It cannot be doubted that the affection of cows, which the Germans call *Perlsucht*, is a tubercular process, and that provided the udder itself is implicated, the milk from such cows is under certain circumstances capable of rendering man tuberculous. The fact that *Perlsucht* and consumption are identical affections ought to be published broadcast and the sale of milk from cows thus affected rigidly forbidden. It has besides been proven that the composition of cow's milk becomes deteriorated and the milk itself unfit for use if the animal is fed on certain waste products of factories (beet-sugar refineries and distilleries). Children taking such milk contract the most serious intestinal catarrhs, and perish in large numbers. It will therefore be the duty of the state authorities to rigidly superintend the feeding of so-called milk-cows, and that of physicians to enforce the use of milk in a state of sterilization and in sterilized vessels.

Prof. Victor Meyer, the successor of Bunsen, read a valuable paper on "Chemical Problems of the Present Time." The author alluded to the great progress in the science of chemistry, made by the labors of men like Bunsen, Hoffmann, Rekulé, Van't Hoff, Baeyer, and Wisclicenus. Demetrius Mendeljeff has the credit of having established a natural system of elements, and of having first pointed out that the properties of elements are functions of the atomic weight. His researches have led him to believe that the number of elements in existence is one hundred, although only seventy are yet known with certainty. He separates the elements into two groups, of seven elements each, and five groups of seventeen elements each. This makes ninety-nine elements in all, to which as the one-hundredth hydrogen is to be added. This divination of thirty elements, as yet undiscovered, resembles somewhat the predetermination of Neptune in our solar system. Mendeljeff's studies, particularly in regard to the corrected figures of atomic weight and their comparison with the so-called homologous orders, point with

certainly to the compound nature of elements. This novel view becomes strengthened by the results of pyro-chemical researches. A new chemistry will arise as soon as we are enabled to experiment with bodies at a higher temperature than 1700° (Centigrade) the melting point of platinum used for crucibles. The author referred to the numerous trials of synthetical chemistry, and thought it likely that albuminous bodies—starch and sugar—would soon be prepared artificially by synthesis as the transformation of the wood-fibre into starch is the subject of assiduous trials and as the systematical increase of the albuminous components of plants has been proven—theoretically at least—by Hollriegel, it can be hoped that the science of chemistry will continue to materially enhance the prosperity and welfare of mankind.

A similar and equally interesting topic was that discussed by Prof. Hertz, of Bonn, viz.: the relations between light and electricity. Recent investigations have shown that electricity and light are closely allied to each other, and that the former, like the latter, is caused by an undulatory motion of ether. Faraday and Maxwell were first to make researches in this direction. The author himself claims the credit of having first demonstrated that light produces electrical phenomena, and that, *vice versa*, electric waves produce light waves. The author has overcome the difficulty of finding a sufficiently delicate means of measuring both kinds of waves by means of a swinging conductor with interrupted wire. If such a conductor is placed in the focus of a very powerful concave mirror, the conductor is seen to emit sparks and even to act as an electric polarizer.

Prof. Puschmann, of Vienna, read a highly entertaining essay on the importance of the study of history, especially of the history of the medical sciences, for the medical profession. The neglect of medical history has been very dearly paid for. Thus plastic operations, known already in ancient times, became forgotten and were in 1792 declared impossible by the medical Faculty of Paris, until at the beginning of this century they reached Europe again by the way of India. Similarly known in ancient time, then forgotten and ultimately rediscovered, were the ligation and torsion of arteries, flap amputations, and turning in delivery. The doctrine of the contagiousness of consumption, taught by Hippocrates, was forgotten,

and our modern bacteriological schools had to rediscover it.

The treatment of consumption consisted in milk-cures, sea voyages, and the sojourn in Egypt—methods like those approved to-day. Auscultation of the chest was also practiced by Hippocrates. The crossing of nerve fibres in the brain was known to Artacus, who explained on this basis the paralysis on one side of the body in lesions of the opposite side of the brain. Pliny taught that, in cures for obesity, nothing should be drunk during meals and but little after them—a principle included in the modern obesity treatment. Nearly all remedies of importance used to-day were known to the ancients, even the fat contained in the wool of sheep, in which Liebreich found lanolin. Galen compared sound to a wave, and respiration to combustion. Even Darwin's doctrine of evolution was, in principle, taught by Aristoteles. It will thus be seen that the study of the history of medicine is by no means a merely entertaining occupation, but one replete with practically available results.

PERISCOPE.

Gastric Digestion.

At the meeting of the Philadelphia County Medical Society, October 9, 1889, Dr. L. Wolff read a paper on the Chemistry of Gastric Digestion, in which he said:

The gastric secretion which causes the chemical change of protein bodies into peptone has been closely studied by C. Schmidt, who determined the total chlorine therein, together with all the bases, such as potassium, sodium, calcium, magnesia, ammonium, and iron, and after accounting for the saturation of these had a residue of free hydrochloric acid left which amounted to about 2.5 to 4 grammes in one litre of the secretion. Although the pure hydrochloric acid has no peptonizing action, it alone can make pepsin display such a function, while again neutral pepsin has no digestive power unless coupled with this acid. While it is thus evident that the hydrochloric acid plays an important part in gastric digestion it has an equally valuable property by acting as an antiseptic and germicide over the ingesta when present in a free state. Miguel ascertained that 0.2 to 0.3 grammes of a mineral acid sufficed to preserve 100 c.c. meat broth

from sepsis, after Seibert had shown that 0.5 per cent. HCl prevented chopped meat effectually from decay. As had been proven in Hoppe-Seyler's laboratory that there existed in the normal gastric secretion 0.3 per cent. HCl, it would readily appear how the normal amount of HCl in the gastric juice will prevent the development of sepsis in the food bolus, while the presence of less than the normal amount will permit some ferment action, and the total absence will result in fermentation with production of organic acids which will not only not serve to develop the digestive power of pepsin, but will retard and prevent it.

The question of the production of such a strong mineral acid by the alkaline tissues of the stomach, and from the alkaline blood can be only explained by the presence of chlorides in the blood, and the decomposition thereof in the secretory apparatus, with the elective osmosis of the ovoid cells which separate the acid to the interior of the gland while it sends back more alkaline blood to the circulation. It is a fact, well established, that weaker acids may replace stronger ones, and it appears a fair deduction that the alkaline hydrocarbonates of the blood become, under the influence of the secreting cell, neutral carbonates, by displacing from the chlorides the chlorine, which unites with the hydrogen so liberated to form hydrochloric acid. As to the intimate function of the secretory apparatus in the production of HCl, little is known, though it seems proven to a certainty by Heidenhain that the ovoid cells of the tubules of the peptic glands secrete the acid, for on the tubules of the pyloric glands no ovoid cells are found, and no HCl is secreted by them, although the secretion of pepsin by them is readily shown by the digestive test with addition of hydrochloric acid.

Porro-Cæsarean Section.

An interesting case of Porro-Cæsarean section, rendered necessary by a deformed pelvis, and a uterus enormously enlarged by fibroid growths, together with a cyst of the right broad ligament, is reported by Dr. John J. Black, of New Castle, Del., in the *Medical News*, Nov. 2, 1889.

At the conclusion of the report Dr. Robert P. Harris, of Philadelphia, adds the following remarks: "This operation of Dr. Black deserves a special notice, from the

fact that it was the first Cæsarean section ever performed in the State of Delaware. That death should have followed it is not to be wondered at, when we consider that the subject was a rachitic dwarf, with a collapsed pelvis; and that her case was rendered far more serious by reason of the abnormal state of her uterine tissues. Women with uterine fibroids have been saved under the old Cæsarean, Porro-Cæsarean, and new Cæsarean sections, it is true; but the proportion has been very small, compared with that of the cases in which the uterine tissues have been free from disease. The Porro method can rarely be employed with advantage in cases of obstruction by uterine fibroids, because of the fact that the cervix is generally involved in the disease itself; and in the new Cæsarean the degeneration of tissue to be sutured is a serious obstacle to a satisfactory closure and an early union. Two Säger and two Porro cases in Philadelphia, all fatal, attest the risk to life in operating on parturient women with obstruction by fibroids. There have now been performed, in all countries, 269 Porro-Cæsarean operations, with 122 deaths; the record of our own country is 11 cases, with 8 deaths—a higher mortality than any European country, except Scotland, which has lost 4 out of 5; Austria has saved 43 out of 61. Germany has lost only 13 out of her first 98 Säger cases."

The Hypodermic Injection of Creosote and Guaiacol in Pulmonary Consumption.

Induced by the favorable reports of Schetelig (*Deutsche Medicinal Zeitung*, 1889, No. 16) on the subcutaneous injection of creosote and guaiacol, mixed with almond oil, Dr. Ludwig Polyák (*Wiener Med. Presse*, 1889, No. 40) determined to investigate the action of these agents in this disease, with a view of ascertaining whether the antipyretic effect which they manifested in Schetelig's experiments, could not be substituted for that of antipyretics which are in common use and the administration of which frequently leads to undesirable results.

He injected these agents one hundred and seventy-six times in eight cases and found that the minimum antipyretic dose of creosote was three and one-third grains, and the largest dose he administered was seven and one-half grains. The doses of guaiacol

were practically the same. The antipyretic action of both was prompt. Immediately after the injection profuse hydrosis set in and in the course of half an hour the temperature sank from one to one and a half degrees centigrade, and attained its lowest point in two hours. In one case the temperature fell six degrees. Four hours after the injection, the temperature rose rapidly to a point higher than it was before the injection, and this was accompanied by rigors. Large doses had no marked effect on the fever, when this was rising. He observed no difference in the action of the two agents. Their undesirable effects are: profuse sweatings, rigors, and sudden temperature oscillations. No collapse was observed at any time; and, although the expectoration diminished slightly in four cases, and the appetite and digestion improved in two, the author is doubtful if these good effects can be attributed to the drugs, and on the whole finds nothing encouraging in their application. Besides their injection is very painful and very often followed by local inflammation in the skin of the abdomen—the seat of their introduction.

Aborting Abscesses.

Apply a yeast poultice to the affected parts, upon which equal parts of borate of soda, boric acid, salicylic acid and powdered tannin should be dusted.

A moderate dose of calomel should be given internally. This treatment is usually sufficient to abort an abscess if it is resorted to when the local symptoms first make their appearance.

Frictions with the following ointment will also be found valuable:

R Salicylate of bismuth 2½ drachms
Lanoline 7½ drachms

—*Le Bulletin Méd.*, September 29, 1889.

Recent Deaths at the Pasteur Institute.

Even those who do not agree with Dr. Pasteur's views regarding the pathology and therapy of rabies, must admit that the Institute is at least honest, for it faithfully records all deaths which occur during or after the treatment. Although quite a startling number have already been published, we find, in the *Bulletin Médicale*, September 29, 1889, three more added to the list.

The first, a man 28 years old, was bitten July 6, and the wound was cauterized an hour after. He was admitted to the Institute on the ninth of the same month, was treated, and discharged on July 29. He was attacked with unmistakable symptoms of hydrophobia on August 16, and died on the nineteenth.

The second case was that of a girl, thirteen years old, who was bitten May 23, and who was treated at the Institute from May 25 to June 8. Symptoms of rabies appeared on the eleventh of July and she died on the fourteenth.

The third case, a boy seven years old, was bitten August 5, and admitted for treatment at the Institute on August 9. Symptoms of hydrophobia were first noticed on the twenty-sixth of the same month and the child died from rabies on the thirty-first.

Hernia in Children.

In a paper published in the *University Medical Magazine*, November, 1889, Dr. Edward Martin and Mr. W. G. B. Harland state that although there is no surgical subject upon which statistics are more comprehensive and accurate than that of hernia, the literature upon this affection as it occurs in early life is comparatively meagre, and, judging from our experience in out-patient departments, the treatment is not generally outlined as clearly in the minds of physicians as is the treatment of rupture in the adult.

The hernia most frequently found in children is the inguinal, on the right side, in the male. The common predisposing cause is a congenital patulous condition of the tunica vaginalis or serous sac, which accompanies the testicle in its descent. Dissections have shown that this sac is more commonly found open upon the right side than upon the left. Swasey (*American Journal of Obstetrics and Diseases of Women and Children*, Vol. XIII, No. 3, July, 1880) suggests that the disproportionately heavy liver of early life may also be a factor in causing ruptures to appear more frequently upon the right side.

The exciting cause of hernia in children is commonly crying, coughing, or straining. As an example of the latter, it was noticed in dispensary practice that tight phimoses and hernia were frequently associated, and Kempe (*Lancet*, July, 1878) calls attention to the same fact. Against this, it must be

admitted that phimosis was observed in probably the majority of patients examined for a great variety of surgical affections.

Umbilical hernia is, in proportion to the number of cases, found more frequently in the female child; and for this fact we have been able to find no adequate reason assigned. Femoral hernia is exceedingly rare in infancy and childhood; in the statistics we have collected from the records of the Children's Hospital, and from the books of a prominent truss manufacturer of this city, we have not found a single case. The reason for this is satisfactory: a narrow pelvis, a short Poupart's ligament, large muscles, and complete closure of the space are all factors distinctly antagonistic to the production of this form of protrusion.

From tables prepared at the Children's Hospital, Philadelphia, it appears that, in the first ten years of life, 44 per cent. of all cases occur during the first five months after birth, and that 68 per cent. occur within the first year. Although this differs from the results of statistics compiled from the records of the truss makers, it is probably more according to facts, since it is well recognized that the ruptures of very early life are frequently not discovered, or, if properly diagnosed, are either not treated at all, or are treated by means of compresses and bandages.

Though the number of cases recorded is comparatively small, it is large enough to show the frequency with which female children suffer from umbilical hernia. While, in 1,078 males it is found 116 times, a ratio of 1:9.3, in 264 females it is found 76 times, a ratio of 1:3.6. Swasey's figures, taken from a large number of cases, are still more striking. While the ratio in male children is 1 to 20, in female children it is 1 to 2.66. This fact is not generally recognized in the standard text books of surgery, the statement that males are more liable to this form of hernia being generally credited.

Another point worthy of notice is the frequency with which umbilical hernia occurs in early life, and hospital records are more to be trusted in showing this fact than the records of the truss companies, since the treatment of this affection can be satisfactorily conducted without ordering a special apparatus. Thus while the Children's Hospital Dispensary shows that the ratio of umbilical to inguinal hernia is as 1 to 2.1, the truss manufacturers' records give this ratio as 1:9.5.

The treatment of hernia in early life should be instituted the moment the hernia is discovered. The belief in non-interference, in the trust that the defect will be outgrown, is universal among the laity, and not rare in the profession. This is more evil in its consequences than would be the same doctrine if applied to adults, since, in the one case, prompt and proper treatment offers a very good chance for permanent cure, while in the other, palliation is all that is accomplished under the most favorable circumstances.

Reduction and permanent retention, practically summarize the treatment of hernia in infancy and childhood. In the case of inguinal or femoral hernia, a hard rubber truss, the spring of which is not too strong, should be applied immediately after reduction, and worn day and night. The skin should be protected by frequent bathing with alcohol, after which it should be thoroughly dried, dusted with zinc oxide or ordinary infant's powder, and further protected, if necessary, by a small pad of absorbent cotton. *The truss must be worn day and night, and the hernia must never be allowed to descend.* Under this treatment the physician need not hesitate to give a favorable prognosis.

Umbilical hernia is best treated by first reducing, then bringing the recti muscles as closely together as possible, placing a flat piece of cork the size of a silver dollar, or a compress of lint, over the umbilicus, and applying rubber adhesive plaster of such a length as to go almost completely around the body and hold the muscles and compress in proper position. A conical cork should not be thrust into the umbilicus, as this tends to keep the opening patulous. In addition to this dressing a tight binder should be applied.

Antifebrin in Sore Throat.

Dr. W. Sahli, of Langenthal, highly recommends the internal use of antifebrin, in the dose of from four to eight grains three times a day, in diphtheria and in scarlatinal and other forms of sore throat. The drug has not any marked influence on the course of the disease, but it rapidly (in about a quarter of an hour) and completely removes such subjective symptoms as painful swallowing and mastication, faucial soreness, headache, etc. It may be given either in pow-

der or in a mixture with alcohol and syrup. The latter form is especially useful in children. No disagreeable accessory symptoms were ever observed.—*British Medical Journal*, Oct. 12, 1889.

Conditions of Intra-uterine Infection.

Infection of the fetus before birth is a recognized fact, but it is, perhaps, too readily assumed that infective material may pass from the maternal into the fetal blood by the normal channels of embryonic nutrition. Dr. Romeo Mangeri, of Catania, believes this to be impossible. As the result of wide study of the literature of the subject and of original experiments, he has come to the conclusion that no formed elements naturally pass out of the mother's blood into the fetal circulation. Cinnabar, Indian ink, carmine, and other materials were injected into the jugular veins of animals advanced in pregnancy, but in no case could any trace of the substance employed for experiment be found in the fetus. Passage of formed elements can only occur when the maternal placenta becomes diseased by inflammation, hemorrhages, etc.; so that the walls of the villi are destroyed. Only under these conditions can septic or specific organisms pass from the mother into the blood of the fetus.—*British Medical Journal*, Oct. 19, 1889.

Creosote for Diseases of the Air Passages.

In a paper on the value of creosote, in the *Virginia Medical Monthly*, October, 1889, Dr. Wm. Perry Watson, of Jersey City, N. J., describes its use in fifty cases of disease of the air passages.

Of these unselected cases eight were patients in the last stage of consumption; and while improvement was noticed for a few days after the creosote treatment was used, yet it had no permanent effect.

Of the sixteen cases with simply consolidation, the improvement was so marked in all cases but two (one complicated with chronic Bright's disease and one with consolidation at both apices), that they were discharged from the hospital.

Of the six cases of chronic bronchitis, some with emphysema, others with pleural thickening, all were markedly improved by the treatment.

Of the five cases of acute bronchitis, all were rapidly cured.

The case of acute pleuritis, with effusion was quickly cured.

The cases of laryngeal phthisis were improved.

The case of acute laryngitis was cured by the inhalations alone.

The cases of nasal catarrh, as a complication, were quickly cured.

The conclusions he draws from a study of his cases are, that while creosote will not cure all cases of consumption, yet it will benefit nearly all; that in cases with simply consolidation before the "breaking down" process begins, it seems to arrest the diseased process, and further investigations will be required to ascertain its permanent utility, although similar cases observed for a long time by Robinson and Flint would convince us that improvement was lasting.

In acute and chronic diseases of the bronchi, its use was very marked, cases of the former being quickly cured, while those of the latter were improved sufficiently for them to leave the hospital in a short time. Another very important fact noticed in these experiments was that the more constant the inhaler was worn, and the internal mixture taken, the more marked was the improvement; so that I am satisfied that, to obtain the full benefits of this treatment, the system should be saturated with the creosote as rapidly as possible; and while I should not expect any miraculous cures, yet I believe it is, combined with good hygienic and dietetic surroundings, the most promising treatment of consumption in the laboring classes we yet possess.

A Dog with Half a Brain.

A most interesting physiological experiment was one recently performed by Dr. Goltz, of Strasburg. It consisted of relieving a dog of the entire left hemisphere of his brain, taken out piecemeal during the course of a month. The dog seemed but slightly inconvenienced by his loss; his voluntary movements were not impaired. The right paw was evidently weaker than the left, but when his food was covered with earth and straw and his left paw held, he would uncover the food with the right one. Some rotatory troubles were also observable.—*Bulletin Médicale*, September 15, 1889.

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NEW OPERATION FOR PROLAPSE OF THE RECTUM.

The management of intractable cases of prolapse of the rectum is one of the most difficult tasks which the surgeon can meet with, and a variety of procedures have been proposed, with the design of making the task less trying. Unfortunately most of these are difficult of performance, and none of them are of very great utility. Under these circumstances, it is of more than ordinary interest to find a new method, which gives promise of decided usefulness, and which, in the single case in which it has been used thus far, has proved entirely successful.

The credit of this proposition belongs to Dr. Jeannel, of Toulouse, and the publication of it to the scientific world to Professor Verneuil, of Paris. At the meeting of the French Academy of Medicine, October 8,

1889, Professor Verneuil read an elaborate report on a communication of Dr. Jeannel, in which he described the method he had adopted, and recommended it in the warmest terms to the notice of his fellow-Academicians.

As described in this report, the patient of Jeannel was a woman, 57 years old, who had suffered with prolapse of the rectum for years, with displacement of the other pelvic organs, and in whom the usual surgical procedures were of no service. After finding them to fail, Jeannel conceived and executed the following operation. He opened the abdomen in the line usually employed in for inguinal colotomy, searched for, and found, the sigmoid flexure, drew it out at the wound, and supported it with a piece of catheter covered with iodoform gauze, passed through the mesentery, after the method of Maydl. This manœuvre reduced the prolapse completely, and in five days there was a stool from the anus, without any reappearance of the prolapse. On the sixth day Jeannel opened the bowel, and completed the formation of an artificial anus. After this, the stools were passed from both anuses, and the woman rapidly regained her strength and good spirits. Seven months later the natural anus had almost completely recovered its normal position and shape.

Verneuil, in describing this operation, gives a very interesting account of the principles which should govern surgeons in attempting to correct the conditions of prolapse of the rectum, and points out the admirable way in which they are followed in the operation of Jeannel. He also points with gratification to the measure of success which has attended the new operation.

It is possible that he looks too enthusiastically upon the merits of this method, but it cannot be denied that it has much to recommend it upon general principles, and that the success which followed its employment justifies the hope that—perhaps with some modifications—it is calculated to yield excellent results.

TREATMENT OF PUERPERAL MASTITIS.

Puerperal mastitis being a disease of comparatively frequent occurrence, and one which has so painful a course, and which may produce such serious results, the necessity for correct views concerning its etiology, pathology, and therapy is apparent. As is well known, the old view was that mastitis was due to cold or injury, and that it was greatly aggravated and often produced by milk retention. The treatment logically resulting from this doctrine was the frequent application of the child to the breast, the use of the breast-pump, friction with the hand from the periphery to the centre of the breast—one or all, as the patience of the sufferer would allow. In addition, perhaps an ice bag, or a poultice was applied, or a handkerchief-sling used for support, or belladonna ointment was rubbed into the breast, and a saline purge was administered, followed by anodynes, and rest in bed. The results obtained by this method are generally believed to be unsatisfactory.

With the advance of modern investigations into the etiology of inflammation, mastitis came to be regarded as an infectious inflammation, the point of infection being usually fissures or ulcers of the nipples, the route being in rare cases the intact milk ducts. This doctrine was prominently set forth by Billroth. About this time Harris advocated the use of the roller-bandage, properly applied over the breasts, together with rest in bed, and rest from nursing, as the ideal method of treating mastitis. He supported his views by reporting (in the *American Journal of Obstetrics*, January, 1885) numerous cases successfully treated by this method. This treatment was favorably noted in the *REPORTER*, April 28, 1888.

In the hands of other men the same favorable results have been obtained. In the experience of one experienced practitioner in the city, for five years past, not once has abscess resulted when the bandage

was properly applied. A cold abscess was eventually opened in one case, in which an indurated mass was present for ten days prior to instituting treatment. When at the same time nipple lesions are properly treated, this method certainly gives ideal results. Quinine, salines, and the bromides, given internally, are useful adjuvants.

Recently there are signs of a return to older views. Garrigues, of New York, while an ardent advocate of compression, both as prophylactic and curative of mastitis, favors emptying the breasts under certain restrictions. Parvin, also an advocate of the compression-bandage, considers that in some cases it may be best to empty the breasts; because the retained milk may undergo fermentation and prove a secondary source of irritation.

In the *Medical News*, August 31, 1889, Dr. Eugene F. Cordell advocates, in the treatment of mastitis, a return to the use of of hand-frictions, and the methodical emptying of the breast—preferably by the nursing infant, and in some cases by the husband, nurse, or breast-pump. He bases his advocacy of this method of treatment upon the fact that during the very considerable time he has employed it, no parenchymatous abscesses have occurred in his practice.

This statement, coming from Dr. Cordell, is of great importance, and its results have surely been all that can be desired. But it is difficult to understand the *modus operandi* of the treatment. No surgical principle is more firmly established than that an inflamed organ must have rest from function. Who would prescribe frictions in acute orchitis, or walking in acute inflammation of the knee-joint? No better reason for stroking an inflamed breast, or for permitting the continuance of nursing, or the use of the breast-pump, in this condition, is apparent, and the advocates of such treatment, in mastitis, must produce sound evidence of its necessity and value before it will be adopted by the profession at large, and especially by those

who have found such good results to follow the intelligent use of the compression-bandage, after the plan recommended by Harris.

TREATMENT OF BURNS WITH SOZIODOL OF POTASH.

Some time ago a long article was published by Dr. Mundy, in one of the Vienna medical journals, regarding the value of iodoform applications in the treatment of burns. The treatment was extensively adopted and excellent results reported, and the subject was fully discussed at the recent Congress on Dermatology and Syphilis in Paris, as stated in an Editorial in the *REPORTER*, Oct. 19, 1889. Now, however, Kaposi warns against the indiscriminate use of iodoform, claiming that although its anodyne properties are excellent, it does not prevent suppuration and frequently toxic symptoms, such as restlessness, rapid pulse, delirium, collapse, and sometimes even death are directly ascribable to the use of the drug.

Many practitioners have favored the use of carbolic acid solution as a local application, but Billroth, of Vienna, objects to the use of this drug, claiming it to be dangerous.

A newly recommended preparation for the treatment of burns is soziodol, which is antiseptic and anodyne, and does not provoke suppuration or involve any danger, so far as is now known. Chemically, soziodol is the sodium salt of diodparaphenol-sulphonic acid—a name too inconvenient for general use. The salt prepared with potash has been named soziodol of potash, and this is very warmly recommended for the treatment of burns by Dr. Ostermeyer. In an article in the *Deutsche med. Wochenschrift*, October 10, 1889, Ostermeyer describes the method he employs as follows: The blisters produced by the burn are opened and their contents are removed with sterilized absorbent cotton, then a mixture of one part of soziodol of potash with ten

parts of powdered starch or talc is freely dusted over the seat of the burn, and a cotton dressing and roller bandage are applied. The beneficial action of the preparation is usually observed in a very short time. The pain at once disappears, and within twenty-four hours the process of healing may be expected to be well advanced, and this without any suppuration.

Ostermeyer's experience has shown him that, even when very large surfaces are exposed, there is absolutely no danger of poisoning from this drug; further also that it is equally adapted to the treatment of burns produced by cauterizing chemicals and to ordinary burns or scalds. Finally, a most important feature of the treatment is that it leaves the patient with little or no scar.

CONFECTIONERS' DISEASE.

A disease, peculiar to confectioners, has been recently observed in France. It occurs principally in persons engaged in the manufacture of candied fruits and "maron glacés" or candied chestnuts. Five cases observed by Dr. Albertin, of Lyons, and described in the *Gazette Hebdomadaire*, March 19, 1889, well illustrate the nature of the disease. The affection is restricted to the nails of the hands, and usually first makes its appearance at the sides of the nails, the periungual portion becoming loosened and raised up, the nail losing its polish and becoming black. In more advanced cases an inflamed swelling appears at the base of the nail. The nail is rough, scaly, and in some cases broken in several fragments; but is never cast off in its entirety. Finally the terminal phalanx also undergoes a change in form and becomes flat and widened. In the earlier forms of the disease very little pain is experienced and the patient is able to go on with his work. The disease disappears as soon as the work is discontinued, although a deformed nail and a flat or bent terminal phalanx is apt to remain. Albertin states that among the large

number of candy factories which he has visited, he has not found one in which from one to three workmen were not suffering with the disease.

It is evident that the affection is caused by handling and working in the various substances employed in the manufacture of candies, among which are mallic, tataric and citric acids. The hands are also alternately in cold and hot liquids; and this, as well as the manipulation of the preparations, by means of which the irritating substances find their way under the nails, may be regarded as causative factors.

Albertin has given the malady the name of "professional onyxis and peri-onyxis," and believes it to be exclusively restricted to confectioners. It would be interesting to know whether this disease exists in this country, where manufacture of candies is so extensive.

COLORED SOUNDS.

The readers of the *REPORTER* will recall the fact that their attention was called in an Editorial, January 28, 1888, to the experiments of Verga, in 1865, and to those of Barataux, in 1887, in regard to the production of the mental impression of different colors by means of different sounds.

Very recently the Vienna correspondent of the *Medical Press and Circular* reports that Prof. Quincke, of Kiel, has been devoting himself to a careful study of this subject. He finds that when a trumpet is loudly sounded at the ear of a sensitive patient, he will immediately define the first color he sees as yellow. A vocal sound A will give the impression of black, while the vocal sound O conveys the sensation of red. This phenomenon he compares to the radiating pain of toothache, and the shoulder pain in case of hepatic affections, which are examples of peripheral excitation transferred to another path on its way to the reflecting centre, where it is received as a true impression. These interesting observations seem to confirm those already recorded by Bar-

toux, and to have a curious bearing upon important physical and physiological phenomena.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the *REPORTER*.]

CEREBRAL LOCALIZATION IN ITS PRACTICAL RELATIONS. BY CHARLES K. MILLS, M. D., Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic and College for Graduates in Medicine, etc. 8vo, pp. 101.

This essay is a reprint of a paper read before the Congress of American Physicians and Surgeons, at Washington, D. C., September 19, 1889. It is one of the most valuable and scholarly contributions to the subject that has hitherto appeared. An abstract of the more important parts of the paper was published in the *REPORTER* in connection with the Report of the Congress, so that no review of it is needed now. Those interested in cerebral localization, however, will welcome the appearance of the essay in its present form, and will be glad to know that it can be obtained from P. Blakiston, Son & Co., Philadelphia, for a moderate price (60 cents).

ANATOMIE TOPOGRAPHIQUE DUODENUM ET HERNIES DUODÉNALES. TOPOGRAPHICAL ANATOMY OF THE DUODENUM AND OF DUODENAL HERNIAS. BY JONNESCO, Provisional Professor of the Faculty, Interne of the Hospitals. 8vo, pp. 207. With 21 illustrations. Paris: *Progrès Médical*, 1889. Price, three francs.

The first part of this book consists of a communication made to the Anatomical Society of Paris, February 17, 1889. The author describes and figures the appearance of the duodenum in infancy and in adult life. In the former, the duodenum is ring-shaped, the ascending portion rising to the same level as the beginning of the descending portion, the head of the pancreas filling up the space between the two portions. In adults, however, the ascending portion does not rise so high, and the terminal portion is turned more to the left, the space between the descending and ascending portions being increased, as though from development of the head of the pancreas. This gives the duodenum more of a U- or V-shape. A good description of the fossæ of the duodenum is also given, three of them being distinguished.

The last twenty-seven pages are taken up with an account of duodenal and duodeno-jejunal, or mesocolic, hernias. These occur in the fossæ referred to. The first case was that of Neubauer, which was published in 1776. Leichtenstern, in 1878, collected forty-two cases of duodeno-jejunal hernia, four of the cases, however, being doubtful. The author quotes Treitz upon the etiology of these hernias and reproduces his general conclusions.

The book gives a great deal of information upon the subjects of which it treats. It should be consulted by all those interested in the rare hernias mentioned. The illustrations are excellent and the type clear and large.

RAPPORTEUR ESTHÉTIQUE DE M. CHARLES HENRY, permettant l'étude et de la rectification esthétique de toute forme.

THE ESTHETIC REPEATER OF M. CHARLES HENRY, for the study and æsthetic correction of form. 8vo, pp. 22. Paris: G. Séguin, 1888. Price, 20 francs.

In this little essay M. Henry has tried to solve the problem of the relative pressure produced by certain forms. The instrument for this purpose is called a "*Rapporteur esthétique*," and its object is to make it possible for agreeable forms to be produced at will and following certain fixed rules. It is expected by the author that the instrument will prove of value not simply in the industrial arts, where it will be used to show what is meant by the normal; but also in medicine, where it will gauge the normal or pathological character of vital reactions. It is also asserted that the instrument can be used to improve the handwriting, and at the same time to develop the rhythm of nervous action.

CERCLE CHROMATIQUE DE M. CHARLES HENRY, présentant tous les Compléments et toutes les Harmonies de Couleurs, avec une Introduction sur la Théorie générale du contraste, du Rythme et de la Mesure.

CHROMATIC CIRCLE OF M. CHARLES HENRY, giving all the Complements and all the Harmonies of Colors, with an Introduction upon the General Theory of Contrasts of Rhythm and of Measure. 8vo, pp. 168. Paris: Charles Verdin, 1888. Price, 40 francs.

The author asserts that no sensation or idea is possible without movement. To impose upon a subject a certain attitude is to suggest to him the correlative idea; it may, therefore, be affirmed that the psychical functions are the virtual movements of the living being. The author endeavors to show, further, that the living being is able to describe only cycles—circles described in a single direction—of a definite radius, expressing its diverse excitations by varying directions, virtual or real, of its force. A direction above or below, to the right or to the left, marks the agreeable or disagreeable nature of such excitations. Direction is therefore assumed as the representative element common to all sensation. When the directions differ more or less, at the maximum or minimum, successively or simultaneously, their function is that of *Contrast*. When they differ in certain angles, there is *Rhythm*. When they belong to cycles whose radius is too large to be described continuously, and the number of units of measurement of these directions, considered as the denominators of fractions of a cycle, are realizable continuously by our organization, there is *Measure*.

The author then takes up the problems of color. He shows how to determine the three fundamental prismatic colors, the four fundamental pigments, and constructs his chromatic circle; he lays down the principles of a rational polychromy, and deduces the phenomena of irradiation, and shows how to neutralize it. He then seeks to determine the illuminating power of different parts of the spectrum, and to fix the order in which the colors should be ranged with a view to visual repose.

The author has endeavored to make the same scientific analysis of color as has been already made of sound. The book will prove interesting and profitable reading to those who are interested in the subject and who are sufficiently familiar with physics and metaphysics to follow the argument.

LITERARY NOTES.

—The Trustees of the Johns Hopkins Hospital have authorized the issue of a monthly publication to be known as the *Hospital Bulletin*. It will contain announcements of courses of lectures, programmes of clinical and pathological study, details of hospital and dispensary practice, abstracts of papers read and other proceedings of the Medical Society of the Hospital, reports of lectures and all other matters of general interest in connection with the work of the Hospital. Nine numbers will be issued annually. The first number will appear in November, 1889. The subscription price will be one dollar per year.

NOTES AND COMMENTS.

Treatment of Functional Disorders of the Stomach.

At a meeting of the Philadelphia County Medical Society, Oct. 9, 1889, Dr. Frederick P. Henry read a scholarly paper on the diagnosis and treatment of functional disorders of the stomach. In regard to the latter, he said:

There are at least two kinds of pyrosis, one due to an excess of lactic acid and the other to an excess of hydrochloric; and the time-honored treatment of this symptom, without reference to its cause, has been the administration of sodium bicarbonate. The following experiment of Bourget shows that this drug, in the commonest form of pyrosis—that caused by an excess of lactic acid—is, at most, an evanescent palliative. To a patient with chronic gastric catarrh and dilated stomach, was given a certain amount of soup, some of which was withdrawn two hours later, and found to contain 1.68 per cent. of lactic acid and no HCl. It was then exactly neutralized with sodium bicarbonate and placed in an incubator. At the end of half an hour it contained 4 per cent. of lactic acid. It was again neutralized and about eight grains of sodium bicarbonate added in excess. At the end of an hour free lactic acid was found. On the other hand, HCl given during a meal was found to prevent the formation of lactic acid. This corresponds with the physiological fact that the lactic acid formed during the first half hour of digestion is speedily suppressed by HCl. Bicarbonate of sodium undoubtedly neutralizes any lactic acid that may be present in the stomach, but instead of preventing its further formation; seems to increase it by creating an alkaline medium

favorable to the growth of the organism of the lactic acid fermentation. Lactic acid pyrosis, therefore, is to be treated by the administration of HCl during, or immediately after, a meal.

Pyrosis hydrochlorica may be due to hyperacidity or hypersecretion. In the first instance, it is to be treated by the administration of an alkali several hours, from four to six, after a meal. In hyperacidity the gastric juice is abnormally active, its physiological work is soon performed, and then it expends its superfluous energies upon the unfortunate patient. Having waited until its work is done, it is rendered powerless for mischief by the administration of an alkali, just as in peptonizing milk we boil the mixture or place it on ice to prevent the process from going too far.

The most successful treatment of hypersecretion consists in the methodical washing out of the stomach, preferably just before the principal meal, and the administration of alkalies. The latter should be given in large doses, for, as is well known, the administration of a small dose of an alkali will be followed by an increased secretion of gastric juice. Thirst is often excessive in these cases, but water should not be allowed except in small quantities, as it tends to increase the dilatation which is usually present. When the sense of thirst becomes unbearable, it is better to obtund it, as Riegel suggests, by the administration of small doses of opium than to permit the ingestion of large quantities of water. The diet should, at first, consist exclusively of albuminous substances, as carbohydrates are only partially digested, and by their fermentation aggravate the disease. Dr. Roberts, of Manchester, observing a profuse flow of saliva in cases of acid dyspepsia, and believing it to be a provision of nature for relieving the surplus acidity of the stomach, recommends the use of substances that will provoke its secretion, such as gum lozenges containing a small amount of ginger, cayenne pepper, or pyrethrum. He has thus experienced relief in his own person and given it to others.

In cases of motor insufficiency, in addition to general hygienic measures, the vegetable bitters, especially strychnia, and alcoholic stimulants may be used with advantage. Klemperer found that both substances hastened the exit of food from the stomach.

The treatment of nervous dyspepsia must vary with the cause producing it. One case

will be cured by restoring the uterus to its normal position, another by curing a chronic constipation or expelling a tapeworm; still another by allaying an irritation of the spine. A restricted diet, or one of milk only, which is always beneficial in catarrh, is of little or no benefit in cases of nervous dyspepsia. General supporting measures, massage, electricity, the bromide salts, and, if anæmia exists, arsenic and a mild non-constipating preparation of iron, such as the potassio-tartrate, are the chief indications. I believe also, from a limited experience of the measure, that lavage may sometimes be of decided service in soothing a hyperæsthetic mucosa.

Bromide of Potassium with Belladonna for Enuresis.

Mr. J. T. Richards writes to the *British Med. Journal*, June 22, '89, that two cases of nocturnal incontinence of urine of long duration in boys of 12 years of age, coming under treatment at the same time, have yielded in a striking manner to a combination of bromide of potassium with belladonna, after belladonna alone and other drugs had failed to produce effect. In the first case, the boy had been discharged, on account of the incontinence, from an orphan institution, where he had been admitted with a view to emigration. He had been an inpatient at Wirral Children's Hospital, Birkenhead, four years previously, for three months with "scrofulous cystitis, cured by accidentally induced acute cystitis from injections." At this time he was circumcised. The enuresis had lasted from infancy. When readmitted last February the usual precautions were taken to ensure regular emptying of the bladder at night. An enema was given before sleep, and was successful on the first night or two that it was tried, but not afterwards. Belladonna, iron, saccharin, nux vomica (up to m x of the tincture thrice daily), and codeine were given successively, without even temporary effect. On April 15 he was ordered: pot. brom., gr. x ; tincture of belladonna, m x , every night; and this was at once effectual. From the time that he took his first dose until May 11 when he went home, and for a fortnight afterwards, when he was last heard of, no wetting of the bed occurred, excepting once, on April 20, when he had not been attended to as usual. At this time the dose of tincture of belladonna was increased to m xv .

The other case was that of an out-patient, where the habit was of equally long standing, and belladonna and nux vomica had been given without benefit for several months. On April 24 this patient was ordered: pot. brom., gr. x; tinct. belladon., m. xx , every night before going to bed, with the same immediate effect as in the former case, which has continued without interruption to June 3.

Erysipelas Treated with Iodine.

Dr. Tichomirow recommends the employment of tincture of iodine as an external application in erysipelas, even in cases in which bullæ have formed. He paints the iodine over the affected part and its vicinity three or four times a day. The irritation caused by the treatment is easily allayed by the application of a little camphorated oil. Usually he found a couple of days sufficient to reduce the infiltration and to bring the temperature down to normal. A similar mode of treatment he also considers very beneficial in cases of boils and carbuncle. Even after these have broken he recommends that the iodine should still be applied, the wound being cleansed from pus and a dressing of cotton-wool applied. — *New York Medical Abstract*, June, 1889.

Improved Hypodermic Method.

Dr. P. G. Udell, of Spencerport, N. Y., writes to the *N. Y. Med. Record*, Oct. 12, 1889: Every physician who employs the hypodermic method is aware of the fact that painful swelling and abscess not infrequently follow its use. This undoubtedly arises from the introduction of septic matter—because the method of antisepsis has not been rigidly applied to this simple surgical proceeding. The sources of infection are numerous. The syringe may be unclean; the needle may be foul; the hypodermic tablet may be composed of materials that undergo fermentation; the water used as a solvent may be impure; the spoon employed to prepare the solution in may furnish the septic matter, etc. I have for some time used a method whereby the above dangers may be positively avoided. In one of the compartments of my syringe-case I carry two small test-tubes, nested; the inner one is converted into a vial by closing the open end with a cork, and contains my hypodermic needles im-

mersed in absolute alcohol. This agent sterilizes any septic matter that may be on the needles, and does away with the necessity of using a wire for maintaining the patency of the same; there is no rusting, and the needle is always aseptic. I frequently cleanse the syringe with a five per cent. carbolic acid solution. Having occasion to use it, I free the needle of alcohol by passing through it water that has been boiled. I now dissolve one of Wyeth's tablets in a few minims of boiled water, and for this purpose carry the second test-tube, in which water may be boiled quickly over any flame that may be convenient, a match answering the purpose very well. After the solution is sufficiently cooled, it is drawn into the syringe, and is ready for use. The above plan may seem somewhat fussy in detail, but in practice is exceedingly simple, and, if followed as directed, should relieve the physician of those mishaps so annoying to himself and patient. If some instrument-maker will materialize this idea, it will involve but slight increase in size of the pocket-case now in use.

Curious Transmission of Scarlet Fever.

The *Boston Post* is responsible for the story that in 1846, a boy, eight years old was taken down with scarlet fever, and died. One of the principal amusements of his illness had been looking over a large picture book. After his death this, with several other useful playthings, was packed away in a trunk. Twenty-six years later, in 1872, the trunk was taken to England. The trunk was opened the second day after its arrival, and the picture book was taken out and presented to a boy two years old. During the next fortnight the little fellow was attacked with scarlet fever. It was a wonder to the doctors who were called in consultation how the disease had been contracted, as there had been no scarlet fever in the town for years. At last it was suggested that the picture book might have transmitted the disease, and the medical men in attendance, on being told the facts connected with it, agreed that it had retained the poison for twenty-six years and then communicated it to the child.

This appears to be one of the instances in which scarlet fever from some unknown source developed coincidentally with the handling of articles used by a patient who had the disease many years before.

NEWS.

—Forty-seven persons committed suicide in Berlin during September of this year.

—The State Medical Board of Minnesota is about to publish a complete list of the physicians of Minnesota.

—Edward B. Garrigues, one of the founders of the College of Pharmacy, of Philadelphia, died November 4, at the age of 94.

—The Semi-Annual meeting of the Medical and Chirurgical Faculty of Maryland will be held in Hagerstown, Md., November 12 and 13.

—Professor Giuseppe Ruggi, the well-known Italian surgeon, completed his 200th case of laparotomy on August 1, and began his third "century" August 5.

—Dr. L. Webster Fox, who recently returned from England, was given a complimentary dinner at the Union League, November 7, by his professional friends.

—The Schuylkill Navigation Company has offered to supply the city of Philadelphia with pure water from the Schuylkill river by utilizing the canal of the Company as an aqueduct.

—The *Riforma Medica*, a daily medical journal published at Naples, has just received the first prize in the section of medical publications at the Exhibition of Hygiene and Medicine recently held at Padua.

—The opening meeting of the D. Hayes Agnew Surgical Society was held in the Chapel of the University of Pennsylvania, Nov. 2, 1889. Addresses were made by Dr. William Pepper and Dr. D. Hayes Agnew.

—The Philadelphia Cremation Society is pleased with the action of the Committee on City Property, which has recommended to Councils an appropriation of \$3,000 for a crematory in which to burn the city's unclaimed dead.

—The Imperial German Government has taken upon itself the duty of providing part of the funds requisite for the coming International Medical Congress, to be held in Berlin, August, 1890, to the extent of 80,000 marks. It is expected that the Prussian State Treasury will be still more liberal.

—General Armstrong, formerly Consul General at Rio de Janeiro, was at the State Department November 4, having just arrived in this country. He says the fears of a yellow fever outbreak in the ports of Brazil referred to in the REPORTER, November 9,

are unfounded, that the prospects for a good season are bright.

—One of the Dispensary Physicians of the Woman's Homœopathic Hospital was held, on November 6, in five hundred dollars bail for Court, upon the charge of practicing as a physician without having registered. The physician in question had applied at the Hahnemann Medical College for endorsement, but was refused, as her diploma was that of an eclectic.

—Commissioner of Pensions Raum has announced that hereafter in all cases where a medical examination is desired or required under any of the several pension laws such examination must be made by the local Board of Examining Surgeons in the district in which the claimant resides. Hereafter the Washington Board will not be allowed to examine claimants for pensions whose residence is not within its jurisdiction.

—Dr. I. N. Love, of St. Louis, announces that in January, 1890, he will issue the first number of the *Medical Mirror*, which will present, monthly, original papers and an epitome of current literature, domestic and foreign. It is stated that the *Mirror* will not hesitate to be personal if necessary, but nothing unkind or unjust shall knowingly ever enter its columns. The subscription price will be \$2.00 per year, in advance.

—During the present month several distinguished bodies have been or are to be entertained by the University of Pennsylvania. On Tuesday last the delegates to the Pan-American Congress visited the institution and partook of a luncheon. On November 12, 13, and 14 the National Academy of Sciences held its annual session at the University, and on November 29 and 30 the College Association of the Middle States and of Maryland, and the Folklore Society, of America, are to hold their annual sessions at the University.

—On November 4, the Grand Lodge of Free Masons of Pennsylvania laid the corner-stone of the new building of the Philadelphia Polyclinic and College for Graduates in Medicine, on Lombard street, below Nineteenth. The ceremonies were opened with a brief address by Dr. Richard J. Levis, President of the Board of Trustees. The fund for the perpetual endowment of a free bed in the Polyclinic, in the name of and as a testimonial to Dr. Levis, was then presented. A copy of the MEDICAL AND SURGICAL REPORTER was placed in the corner-stone.